

Swimming Instructors

Shoreview employs 15 - 25 Swimming Instructors, depending on the season, to teach swimming lessons to all ages at the Shoreview Community Center and the Chippewa Middle School Pool. Participants may also schedule individual 30-minute lessons through the Parks & Recreation Department.

A training and orientation is provided to new employees. Sweatshirts are provided.

| | |
|-----------------|--|
| Wage | \$8.00 - \$12.00 per hour depending on experience (30-40 minute classes). |
| To Apply | Call 651.490.4750 and request an application or stop by: Shoreview Parks & Recreation 4580 Victoria Street North Shoreview, MN 55126. (TTY 651.490.4759) |
| Deadline | We are accepting applications until the position is filled. |

Hours

Fall/Winter/Spring Class Hours*

Community Center Pool

| | |
|-----------|--|
| Monday | 9:00 a.m. - 12 noon 4:00 p.m. - 8:00 p.m. |
| Tuesday | 4:00 p.m. - 6:30 p.m. |
| Wednesday | 9:00 a.m. - 12 noon 4:00 p.m. - 8:00 p.m. |
| Thursday | 5:00 p.m. - 8:30 p.m. |
| Saturday | 8:00 a.m. - 12 noon |

Chippewa Middle School

| | |
|-----------|-----------------------|
| Monday | 5:30 p.m. - 8:30 p.m. |
| Wednesday | 5:30 p.m. - 8:30 p.m. |

Summer Class Hours*

Community Center Pool

| | |
|-------------------|--------------------|
| Monday - Saturday | 8:00 a.m.- 12 noon |
|-------------------|--------------------|

Chippewa Middle School

| | |
|-----------|-----------------------|
| Monday | 6:30 p.m. - 8:30 p.m. |
| Wednesday | 6:30 p.m. - 8:30 p.m. |

*Class hours and schedules are subject to change.



4580 North Victoria Street
Shoreview, MN 55126
(651) 490-4750
www.ci.shoreview.mn.us

Parks and Recreation Department Only Application for Employment

If, due to a disability, you need assistance in completing an application, or if you anticipate that you will need auxiliary aids or services in the selection process, please notify the Human Resources Manager at 651-490-4615 or TDY 651-490-4750.

The City of Shoreview appreciates your interest in a position with the City. An incomplete application may reduce your opportunity for employment with the City of Shoreview. You are encouraged to attach any additional information which you believe qualifies you for the position.

The City of Shoreview is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, creed, religion, color, sex, age, marital status, national origin, disability or sexual orientation.

Position applying for _____ Date _____

Date available _____ Part-time _____ Seasonal _____

Name _____

Address _____ Phone: H () _____

City, State, Zip _____ Phone: W () _____

Are you 18 years of age or older? Yes _____ No _____ If no, state your date of birth _____

Are you a U.S. Citizen, OR if not, do you have permission to work in this Country? Yes _____ No _____

Have you ever worked for the City of Shoreview? Yes _____ No _____ If so, when? _____ Position _____

Are you related to **anyone** currently working in **any** position (full-time, part-time, seasonal or appointed committee member) for the City? Yes _____ No _____ If yes, who? _____ Relationship _____

Is there any reason you cannot be at work on time every day? Yes _____ No _____

Education

How many years of school have you completed? (circle one)

| | | | | | | | | | | | | | | | | | | | |
|------------|---|---|---|---|--------|---|---|-------------|----|----|----|---------------|----|----|----|----------|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20+ |
| Elementary | | | | | Middle | | | High School | | | | Undergraduate | | | | Graduate | | | |

| Type of School | Name/Location | Diploma, Degree | Major/Minor |
|-----------------------|---------------|-----------------|-------------|
| High School | _____ | _____ | _____ |
| College or University | _____ | _____ | _____ |
| College or University | _____ | _____ | _____ |
| Graduate School | _____ | _____ | _____ |
| Technical | _____ | _____ | _____ |
| Military | _____ | _____ | _____ |

Check the current certifications you have and list the expiration date.

_____ Lifeguard - Expiration date _____ CPR - Expiration date _____
_____ WSI - Expiration date _____ First Aid (standard) - Expiration date _____

An Equal Opportunity Employer

Employment History

List your present or most recent experience first. (Do not state "see resume.")

1. Employer Name and Address (Current or last employer)

| | |
|-------------------------------|--|
| _____ | Dates (month and year) From _____ to _____ |
| _____ | Hours per week _____ |
| _____ | Last salary _____ |
| Phone Number _____ | Reason for leaving _____ |
| Your Title _____ | _____ |
| Your Supervisor _____ | May we contact? _____ If no, explain _____ |
| Your Supervisor's Title _____ | _____ |
| Primary Duties _____ | _____ |

2. Employer Name and Address (Prior employer)

| | |
|-------------------------------|--|
| _____ | Dates (month and year) From _____ to _____ |
| _____ | Hours per week _____ |
| _____ | Last salary _____ |
| Phone Number _____ | Reason for leaving _____ |
| Your Title _____ | _____ |
| Your Supervisor _____ | May we contact? _____ If no, explain _____ |
| Your Supervisor's Title _____ | _____ |
| Primary Duties _____ | _____ |

Have you ever been terminated from a previous employer? Yes _____ No _____ If so, state the name and address of company, date of termination, and reason for termination. (Do not include lay-off or staff reduction.) _____

Licenses

Do you have a valid Driver's License? Yes _____ No _____ If so, list the state, number and expiration date. _____

Military (also see Election of Veteran's Preference on page 4)

Describe your duties and any special training.

| | |
|-------|-----------------------------|
| _____ | Branch of Service _____ |
| _____ | Length of Active Duty _____ |
| _____ | Rank at Discharge _____ |

Supervision

Have you ever supervised people? Yes _____ No _____ For Whom? _____

Check the functions you have performed as a supervisor:

| | | |
|-------------------------------|-----------------------------------|---------------------------|
| _____ Interview candidates | _____ Conduct performance reviews | _____ Discipline employee |
| _____ Hire/Recommend for hire | _____ Recommend salary increase | _____ Terminate employee |
| _____ Establish Objectives | | |

Summary

Briefly summarize all of the reasons why you think you should be selected for this job. _____

Read Carefully and Sign

The City of Shoreview has the right to verify information provided in the application. False information or omitting information may subject an applicant to the penalty provisions of Minnesota Statute 43A.39.

I certify that all of the facts as set forth in this Application for Employment are true and complete. I understand that, false statements or omissions on this application shall be sufficient cause for rejection of my application or dismissal if I am hired.

Unless otherwise indicated above, the City of Shoreview is hereby authorized to conduct an inquiry into all statements contained in this application or made during my interview for employment as may be necessary, including, but not limited to, 1) former employers for information concerning my employment, ability, experience and behavior on the job, and 2) my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Shoreview, and any such employers and individuals from any and all liability for damages whatsoever that may arise from furnishing this information.

I understand that as part of my employment application the City of Shoreview may be making a check into my background. I understand this check may involve a computerized history check through the State of Minnesota or Ramsey County to insure there are no felony, gross misdemeanor or misdemeanor convictions, a warrant check to insure there are no warrants for arrest, and a driver's license check through the State of Minnesota to insure that I have a valid driver's license and the status of my driving record.

I understand that *if* I am applying for a position which requires a *commercial* drivers license, I am required under federal law to: 1) take and pass a pre-employment drug test, 2) authorize former employers to release positive drug and alcohol test results and any refusals to be tested within the previous two years. (For additional information regarding the City's drug and alcohol testing policy, please contact the Human Resources Manager.)

In accordance with the Minnesota Data Practices Act, I have been informed of and understand my rights as a subject of data. I waive my rights and authorize the City of Shoreview to conduct a background check and obtain public and private information.

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City of Shoreview and myself. I further understand that no Shoreview employee or officer has the authority to enter into an employment agreement for any specified period of time.

I further understand and agree that the employment relationship that may result from my application may be terminated at any time by the City or myself.

By my signature below, I certify that I have read (or had read to me) the information printed in the application and understand its meaning. I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Applicant's Signature _____ **Date** _____

In accordance with the Immigration Reform and Control Act of 1986, the City of Shoreview hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Election of Veteran's Preference (Minnesota Statute 43A.11)

If you are a veteran, do you wish to claim veteran's preference if you achieve a passing score? _____YES _____NO

If yes, please check the preference you are claiming:

- _____ Veteran - Attach a copy of your DD 214.
- _____ Disabled Veteran – Must be disability rated at 50% or higher to receive points. Attach a copy of your DD 214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 points.
- _____ Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD 214 and the death certificate to receive 5 Points.
- _____ Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD 214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 Points.

Affidavit:

I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Shoreview human resources office.

Signature: _____

Important Facts About Information on Your Application

In accordance with the Minnesota Government Data Practices Act, Minnesota Statute 13.04, Subd. 2, the City of Shoreview is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. When you are asked to provide private data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

| Private Data | Why we ask for it | Are you legally obligated to provide it? | What may happen if you don't provide it? |
|--|---|--|---|
| Name (the names of finalists for a position are public information.) | To distinguish you from all other applicants. | Yes | Failure to provide information may be cause for rejecting an applicant. |
| Street Address (City & County of residence are public information.) | To be able to send you notices. | Yes | Failure to provide information may be cause for rejecting an application. |
| Home Telephone | To be able to contact to determine availability for interview. | No | We may not be able to employ you in certain jobs where you may be required to come to work on short notice. |
| Social Security Number | To distinguish you from all other applicants and to make processing more efficient. | No | In most cases, nothing. However, it will help to ensure that we do not confuse your records with those of others. |
| Driver's License | May be required to drive City vehicles. | No | Failure to provide information may be cause for rejecting an application. |
| Sex, racial/ethnic group, handicapped status | To be able to make Equal Employment Opportunity reports as required by law. | No | We will not be able to determine whether our selection processes result in discrimination, or to take affirmative action in our hiring. |
| Conviction Record | To determine whether we may legally accept an application from you and to determine whether your record may be a job related consideration. | Yes | We will not be able to make determinations required by law. |
| Age Range | To accurately certify applicants for certain types of work as per State law. | Yes | Failure to provide information may be cause for rejecting an application. |
| Citizenship or Alien Status | To determine work eligibility under Federal and State law. | Yes | Failure to provide information may be cause for rejecting an application. |

The following information you provide for employment is automatically public:

- Your veteran's status
- Your relevant test scores
- Work availability
- Your job history
- Your rank on our eligibility list
- Your education and training

City of Shoreview
Applicant Flow Survey

The City of Shoreview is an Equal Opportunity Employer in its recruitment and procedures. The information on this sheet is requested to help insure that our employment practices are fair and provide an equal opportunity. This data will be kept in a confidential file separate from your employment file and will not be given to staff members making hiring decisions. The information provided will be used as summary data.

Completion of this form is optional. Choosing not to complete it will in no way disqualify you from present or future employment.

Name: _____

Position applied for: _____

Gender: _____ Female _____ Male

Age Group: _____ Under 18 _____ 18-39 _____ 40-65 _____ Over 65

Racial/Ethnic Group (check one):

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Hispanic or Latino

_____ Native Hawaiian or other Pacific Islander

_____ White

_____ Other (Please specify) _____

How did you learn about this position?

_____ Star Tribune

_____ St. Paul Pioneer Press

_____ Shoreview Press

_____ Shoreview Bulletin

_____ Cable Channel 16

_____ City of Shoreview Job Line

_____ City of Shoreview Web Site

_____ Other (Please specify) _____

Please include this form with your application or mail separately to: Human Resources Manager
City of Shoreview
4600 North Victoria Street
Shoreview, MN 55126

Thank you for your assistance.